ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
c :		 	DATE
FEE DETERMINATION	PS	11121	1/20
O.I.P.E. CLASSIFIER	04	6662	1000
FORMALITY REVIEW			- 4H
RESPONSE FORMALITY REVIEW		 	
	9523	 	0-18-

INDEX OF CLAIMS

✓ Rejected	N Non-elected
= Allowed	Interference
 (Through numeral) Canceled 	A Appeal
÷ Restricted	Objected

	•	Nestricted	υ	Objected	
Claim	Date	Claim ·	Date	Claim	Date
Final Aginal		Final Original C. I of G. I of		Final	Date
2 / /		51 0		101	
3 / / /		53	+++++	102	
5 / /	-++-	54		104	
6		56	┝┾┼┽┽┼┥	105	+++-
7 /	++++	57		107	╅┼┼┼┼┼┼
9/		58		108	
10 /		60		109	+
11 /		61		111	┾┼┼┼┼┼
13 / 1		62 (63)		112	
14 /	TTTT "	64 //	+++	113	
15 / -		65		115	╿┦╏╏ ┼
1177		66		116	
18 /		68		117	
19 /	++++	69		119	
21 / 1		70		120	
22 /		72		121	
23 / 1		73		123	├─┼─├─├─
25 /	 	74 75		124	
26 / V		76	++++	125	
27 / 28		77		127	-
29	++++	78 79	+++++	128	
30		80	++++	129	
31)	+	81		131	
33	 	82		132	
34 / /		84	+++++	133	
35	╫╫	85		135	
37	 	87	++++	136	
38 / 39		88		138	-++-
40 /	┼┼┼┼┼┼	89		139	
41 1 3	┞┼┼┼ ┼┤ ┟	90 91		140	
42 1		92	++++	141	
43 1		93			╌┼═┼╌┼╌
45 / 1	┾┼┼┼	94 95	++++	144	
(46)/		96	++++	145	-+
47 7 7 48 48 7		97		147	╶╏╸╏╸╏╸╏╸
49	┞╶╂╌┠╸ ┠╌┨	98 99	++	148	
50 /		100	+ + 	149	++++++
•	-				

If more than 150 claims or 10 actions staple additional sheet here

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